

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010035

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 44
FILED FEB 19 1963

STATE FILE NUMBER

VS 300
Rev. 4/59

1/007
2/1007

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sokeston,		Length of stay in 1b 19 yr.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) 224 Dixie St.	
3. NAME OF DECEASED (Type or print) First Charity Middle XXXXXX Last Hordge		4. DATE OF DEATH Month January Day 30 Year 1963	
5. SEX Female	6. COLOR OR RACE Colored	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10.10.78
9. AGE (last birthday) 85 (84)		10. IF UNDER 1 YEAR Months 3 Days 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXXX		10b. KIND OF BUSINESS OR INDUSTRY house wife	
11. BIRTHPLACE (City and state or country) Mississippi		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Bird Jones		13b. MOTHER'S MAIDEN NAME Lucy Jones	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) XXXX	
16. SOCIAL SECURITY NO. XXXX		17. INFORMANT Carle Jimerson	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACV DISEASE		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION West of Sokeston Mo.	
21. I attended the deceased from JANUARY 22, 1959 to JANUARY 26, 1963 and last saw her alive on JANUARY 26, 1963 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Alden Largent MD	
22b. ADDRESS 808 E. WAKEFIELD, SIKESTON		22c. DATE SIGNED 2-5-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) 2-10 1963		23b. DATE Smith West End Court	
23c. NAME OF CEMETERY OR CREMATORY West of Sokeston Mo.		23d. LOCATION (City, town, or county)	
24. FUNERAL DIRECTOR Smith Funeral Home		25. DATE RECD. BY LOCAL REG. 2-16-63	
26. REGISTRAR'S SIGNATURE Janet Woldman R.L.		27. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

FEB 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.